

APPENDIX "A"

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

**Please print legibly**

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

I request \_\_\_ review \_\_\_ duplication (mark as appropriate) of the following records.

**Important:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a resident of the United States of America. \_\_\_ Yes \_\_\_ No (check which applies)

(You must produce valid identification showing you are a lawful U.S. resident)

**Requested Method for Delivering Copies:**

Pick-up \_\_\_ Mail \_\_\_ E-Mail \_\_\_ (email address \_\_\_\_\_)  
Fax \_\_\_ (Fax Number \_\_\_\_\_)

Signature of Requester: \_\_\_\_\_

This request may be submitted in person, by mail, or by facsimile to:

East Coventry Township  
855 Ellis Woods Road  
Pottstown, PA 19465  
Phone: 610-495-5443  
Fax: 610-495-9925

**FOR OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_

By: \_\_\_\_\_

No. of Copies \_\_\_ @ \$ \_\_\_ per page = \_\_\_\_\_

Method of Delivery:

Mail \_\_\_ Postage \$ \_\_\_ Email \_\_\_ Fax \_\_\_

Records Picked up on: \_\_\_\_\_

**Identification Submitted:**

\_\_\_ Drivers License  
\_\_\_ Social Security Card  
\_\_\_ Voter Registration Card  
\_\_\_ Passport  
\_\_\_ Other